

City of Akron Water Bureau Watershed Division



Geocache Permit Request

Applicant Name:		Phone:
Address:	City/State/	/Zip:
Email:	Organization N	Jame:
Location of Geocache (Park Name	:/Physical Address):	
Latitude:	Longitude	:
Approximate Date(s) of Geocache	Placement:	
known or unknown, or suits of law thing done, omitted or suffered tha property, medical and hospital exp	or in equity, of whatsoever kint I/we may do, particularly on benses, and for loss of services ed, resulting, or to result, from	aims, damages, actions, causes of actions, nd or nature, for or because of any matter or account of all injuries both to person and to myself/ourselves or to any other person to any accident, mishap or other occurrence engaged in geocaching.
Signature:	Date:	
	e on City of Akron property is prohib	rmit will allow you to place your geocache in its bited until your request has been approved. By signing cement rules and regulations.
	oe clearly marked with the wo mit number assigned to that p	ord "Geocache" and include the Special Use particular cache.
For Office Use Only:		
Special Use Permit #:	Expires:	, 20
Approved this day of	, 20	
		Watershed Superintendent